



Hospital Owned Provider-Based Clinic Reporting

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| 1 | Fiscal Year Ended: 2013 | License # |
| 2 | Hospital Name PeaceHealth St. John Medical Center | |
| a | The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee | 2 |
| b | The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year | 6,285 |
| c | The revenue received by the hospital for the year by means of facility fees at each provider-based clinic | 223,665 |
| d | The range of allowable facility fees paid by public or private payers at each provider-based clinic | \$0-8320 |

Please submit to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov

Facility fee means any separate charge or billing by a off-campus provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.

DOH 422-098/CHS 258 (REV 01/01/2013)